

STAKEHOLDER ADVISORY COMMITTEE
DRAFT RECORD OF TENTATIVE* RECOMMENDATIONS
PRESENTED AT JUNE 20, 2007 MEETING

A. Strongest Recommendation – Consensus

1. **Single Family Infill** - The land currently used for the parking lot on the north side. St John Street between 15th Street and 16th Street should be developed with detached single family homes
2. **Parking Demand** - The new parking demand generated by the development should be appropriately accommodated on site with a minimum of surface parking;
3. **Structured Parking** - Any structured parking should be designed to fit within the site and neighborhood context.
4. **Santa Clara Urban Form** - The largest/most urban scale buildings should be along Santa Clara Street.
5. **Building Massing Step Back** - The size and mass of the buildings should step back as they transition from Santa Clara to St. John Street. e.g. higher urban density along Santa Clara, more moderate urban density in the middle of the site and lower density, along St. John Street.
6. **Fire Station #8 Relocation on Site** - If Fire Station #8 is relocated on site it should face Santa Clara Street, and could be co-located with other medical uses.
7. **Parks Improvements** - Parks improvements accompanying the development should connect the site to existing trails and parks such as Coyote Creek Trail and the new Roosevelt Community Center. The site does not necessarily need large open space of its own.
8. **Walkability** - The site should be walkable and pedestrian oriented.
9. **Cut Through Traffic** - Vehicle traffic should not be able to cut through the entire site; i.e. bike and pedestrians through, cars not.
10. **Reuse of adjacent Medical Office Buildings** - Priority for any Medical Office Building is reuse of existing Medical Office Buildings along East Santa Clara Street (e.g the Chavez Medical Office Building)
11. **Parking Structure Location** : There should be no large parking structures along E. St John
12. **Parking Structure Design**: Any parking structures should be designed so that they are not monolithic (e.g. wrapped with other uses, ground floor retail, good design, etc)

B. Strong Recommendation – Near Consensus

1. **Fire Station Locational Preference** - The Fire Station location should be based on fire operational needs rather than located on the SJMC site just because land may be available.

C. Recommendation – General Agreement

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D. Proposals for Consideration (partial list)

1. **Primary Care Facility** The development of the site should facilitate the development of the primary care clinic(s), on or off site.
2. **Primary Care Facility Payer Mix** The primary care clinic would accept all patients in need of service without regard to payer source.
3. **Primary Care Facility Services** – In addition to the normal range of primary care services, the clinic should include a clinical laboratory and x-ray capabilities.
4. **Urgent Care Facility** The development of the site should facilitate the development of urgent care clinic(s), on or off site.
5. **Urgent Care Facility Payer Mix** The urgent care clinic would accept all patients in need of service without regard to payer source.
6. **Urgent Care Facility Referrals** – The referrals for specialty care and inpatient care should not distinguish between sources of payment.
7. **Primary/Urgent Care Sponsorship** - the urgent care center and the primary care clinic should be under the same sponsorship/operated jointly, to enable efficient use of ancillary services, such as lab and x-ray
8. **Maximize Value** allow the remainder of the site (not needed for Primary/Urgent Care facilities) to divert to non-health-care development, with the intention of maximizing the value of the site to enable a sufficient subsidy to support the clinic's development.
9. **Joint City County Taskforce** - A formal committee or group comprised of City, County, and stakeholders (including all the major health care providers; Regional, O'Connor, Kaiser, Valley Medical, etc.) should be formed to work collaboratively on health care issues facing the downtown and the City. The work of this group would be coordinated with and informed by the general plan update (see below)
10. **General Plan Update.** The General Plan update should be expanded to include recommendations for health care/health care facilities/site to 2040. The question of best site(s) for future hospital/medical uses should be addressed as part of the General Plan update and should look at both the downtown, with a growing and aging population, as well as other growth areas in the city including North San Jose and Coyote Valley.
11. **Bridge Retrofit/Replacement** - The bridge(s) across Coyote Creek at Santa Clara and XX that provide connections between downtown and the east side should be seismically retrofitted/replaced to allow emergency vehicle access in case of earthquake. (verify)
12. **Retail/Commercial Minimum Square Footage** should be part of the development along Santa Clara Street (some X minimum amount of square footage should be required to be neighborhood serving retail)
13. **Retail/Commercial Urban Form** development should be urban in form, ideally vertically mixed with other uses above (i.e. *not* stand alone "power center" type retail, with large amounts of surface parking)
14. **Retail/Commercial Maximum Square Footage** The maximum amount of retail square footage should be determined by market considerations, as long as the form of the retail conforms to the design recommendations for the site (i.e. mixed use, no monolithic parking, etc.)

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15. **Block Pattern** - The original traffic grid/block pattern should be restored (But not to through traffic)
16. **Health Care v. Fire Station Relocation** - A Primary/Urgent Care Facility is a higher priority than the relocation of the Fire Station

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17. **Downtown Hospital Site** – An potential site(s) for Hospital Downtown of X acres should be identified at Y location.
 18. **Specialty Care** - While including specialty care would be beneficial to the community, especially the elderly and chronically ill, establishing a multi-specialty group is a major undertaking.
 19. **Medical and Regional** The City of San Jose exert maximum pressure on Regional Medical Center to negotiate and execute fee-for-service and managed-care Medi-Cal contracts.

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